

**OFFICE OF THE ILLINOIS ATTORNEY GENERAL
CRIME VICTIMS SERVICES DIVISION
VIOLENT CRIME VICTIMS ASSISTANCE PROGRAM**

ELIGIBILITY CRITERIA

BACKGROUND

Before applying for funding under the Illinois Violent Crime Victims Act, 725 ILCS 240 (2002), please read the following material carefully to ascertain your program's eligibility.

In 1984, the Illinois General Assembly found that when crime strikes, the chief concern of criminal justice agencies has been focused on apprehending and dealing with the criminal, and that the victim or witness is frequently forgotten or further victimized by the criminal justice system. Nevertheless, the single most important determinant of whether a case is resolved is the information and assistance provided by the victim or witness.

It was, therefore, the intent of the General Assembly to provide ways of improving the rapport of victims and witnesses with the criminal justice system and to provide for faster and more complete victim recovery from the effects of crime through the establishment of victim and witness assistance centers.

Effective January 1, 1984, the Violent Crime Victims Assistance Act was enacted to help provide funding to develop a comprehensive system of victim and witness assistance. The Violent Crime Victims Assistance Fund was designated as a special fund in the State Treasury to provide monies for grants to be awarded from fines and fees collected after January 1, 1984, from person is convicted in Illinois of a crime of violence, felony or misdemeanor, and for certain offenses listed in the Illinois Vehicle Code.

The Illinois Attorney General has been charged with the responsibility of administering the program, including the responsibility of selecting applicants who are deemed qualified under this Act for designation to receive funding for the establishment and operation of victim and witness assistance centers.

GRANT AWARDS

Grant Contracts shall be entered into by the Attorney General with each designated applicant on an annual basis. Dispersal of grant funds shall be made on a quarterly basis. The Attorney General will evaluate each recipient prior to each fund dispersal and may cancel the remaining term of any contract in which the recipient has failed to

meet the contract requirements or for any good cause.

ELIGIBILITY CRITERIA

Any public or private non-profit agency may apply to the Attorney General for selection and funding as a victim and witness assistance center under this Act. "Agency" means any federal, state, local, or private entity which provides, operates, or coordinates victim and witness assistance programs.

To be eligible for funding, each applicant agency shall provide one or more of the following services for victims or witnesses of violent crime:

1. Coordinate volunteers to work with criminal justice agencies to provide direct victim services and/or to establish community support;
2. Provide assistance to victims of violent crime and their families in obtaining assistance through other official or community resources;
3. Provide elderly victims of crime with services appropriate to their special needs;
4. Provide transportation and/or household assistance to those victims participating in the criminal justice process;
5. Provide victims of domestic and sexual violence with services appropriate to their special needs;
6. Provide courthouse reception and guidance, including explanation of unfamiliar procedures and bilingual information;
7. Provide in-person or telephone hot-line assistance to victims;
8. Provide special counseling facilities and rehabilitation services to victims;
9. Provide public education on crime and crime victims;
10. Provide training and sensitization for persons who work with victims of crime;
11. Provide special counseling facilities and rehabilitation services for child victims of sex offenses; and
12. Provide other services as the Violent Crime Victim Assistance Advisory Commission shall deem appropriate to further the purposes of this Act.

GOALS OF CENTERS/SERVICES PROVIDED

All services and practices of agency applying for funding as a victim and witness assistance center shall further or seek to implement the following goals:

1. Assist the criminal justice agencies in giving more consideration and personal attention to victims and witnesses of violent crime;
2. Sensitize law enforcement officials and others who come into contact with crime victims and witnesses;
3. Attempt to decrease the incidence of unreported crimes;
4. Assure that victims and witnesses are informed of the progress of the cases in which they are involved; and
5. Encourage public use of the services made available under this Act.

ATTORNEY GENERAL'S GRANT REVIEW GUIDELINES

Each application is evaluated independently. The Office of the Attorney General shall consider the following factors in selecting applicants to receive funds and to be designated as victim and witness assistance centers:

1. Stated goals of applicants;
2. Commitment and ability to provide services described in the eligibility criteria and in the application submitted for consideration, including but not limited to programmatic expertise, experience of the staff and board and available resources;
3. Number of people to be served and the needs of the community;
4. Evidence of community support;
5. Organizational structure of the agency;
6. Use of volunteers;
7. Overall statewide geographic service distribution;
8. Crime rates;
9. Services to underserved victims;and
10. Existing programs and the development of new services.

RESTRICTIONS

Applications will not be considered for the funding for any of the following purposes:

1. Debt retirement;
2. Capital/building campaigns;
3. Scholarships;
4. Research projects;
5. Individual service providers; and
6. Non-Illinois based programs.

APPLICATION PROCESS

Application package must be completed in their entirety.

Joint applications between two or more agencies are welcome. However, the funding of a joint application must result in the disbursement of grant funds to one of the joint applicants. If grant funds are requested to be disbursed to more than one agency, separate applications must be submitted.

NOTIFICATION PROCESS

All applicants will be notified regarding funding decisions by letter.

OFFICE OF THE ILLINOIS ATTORNEY GENERAL
LISA MADIGAN
VIOLENT CRIME VICTIMS ASSISTANCE (VCVA) FY2005 GRANT APPLICATION
APPLICATION COVER SHEET

APPLICANT ORGANIZATION:

1. NAME: _____

ADDRESS: _____

CITY: _____
ZIP CODE: _____
TELEPHONE: _____
FAX #: _____
E-MAIL: _____
WEB SITE: _____
FEIN #: _____
CHARITABLE TRUST #: _____

CHIEF EXECUTIVE OFFICER/EXECUTIVE DIRECTOR

CHIEF FINANCIAL OFFICER

PHONE # _____

GRANT CONTACT PERSON: _____

PHONE # _____

Type of program funding is requested for:

2. **AMOUNT REQUESTED:**

\$ _____

NAME OF PROGRAM FUNDING REQUESTED FOR:

3. **ORGANIZATION TYPE:**

- ☐ Government Entity
☐ Not-for-profit Corporation
☐ Medical and Health Care Services Provider
☐ Tax Exempt Organization (IRC 501 (a) only)

4. **DATE PROGRAM WAS DEVELOPED:**

5. **COUNTIES SERVED:**

6. **LEGISLATIVE DISTRICTS:**

U.S. House of Representatives: _____

State House: _____

State Senate: _____

7. **IMPORTANT NOTICE:**

This state office is requesting disclosure of information that is necessary to accomplish the statutory purpose of the Violent Crime Victims Assistance Act as outlined in 725 ILCS 240/ et seq.

FAILURE TO PROVIDE ALL OF THE REQUESTED INFORMATION MAY PREVENT THIS APPLICATION FROM BEING PROCESSED.

8. **APPLICANT CERTIFICATION:**

To the best of my knowledge, the date and statements in this application are true and correct. The applicant agrees to comply with all state/federal statutes and rules/regulations applicable to the Violent Crime Victims Assistance Program.

AUTHORIZED OFFICIAL:

Typed Name

Title

Signature

Date:

**OFFICE OF THE ILLINOIS ATTORNEY GENERAL
VIOLENT CRIME VICTIMS ASSISTANCE PROGRAM
FY 2005 GRANT APPLICATION**

AGENCY REQUIREMENTS:

The agency applying for funding certifies that it has developed and implemented the following requirements (please check). Target dates must be included for those requirements still in development. Copies must be available for inspection by the Office of the Attorney General if requested by VCVA staff.

- ☐ Reasonable accommodation policy for persons with disabilities. (Compliance with ADA requirements)
- ☐ Written policies for a drug free workplace.
- ☐ Written policies for non discrimination.
- ☐ Written procedures for client intake.
- ☐ Written policies for client rights.
- ☐ Written policies for volunteer training.
- ☐ Written personnel policies and procedures.
- ☐ Rules to govern conflict of interest situations.
- ☐ Fee schedule with detailed charges for specific victim services. If no charge for services, please indicate.

Signature

Date

APPLICATION REQUIREMENTS:

SUBMISSION:

The original and one complete copy of the entire application packet MUST be received at the address below by 5:00 pm on the due date. **Late applications will not be considered.**

**OFFICE OF THE ILLINOIS ATTORNEY GENERAL
VIOLENT CRIME VICTIMS ASSISTANCE PROGRAM
100 WEST RANDOLPH, 13TH FLOOR
CHICAGO, ILLINOIS 60601
ATTN: Meisha Lyons**

NARRATIVE SECTIONS:

All narratives and attachments MUST be

*** included in the order listed below,**

*** must be completed in the page limitations indicated,**

*** must be done in #10 font with 1 inch margins.**

ADDITIONAL PAGES WILL NOT BE REVIEWED.

REQUESTED CHARTS AND BUDGET PAGES:

All pages must be completed as directed.

APPLICATION ORDER:

- 1. Application Cover Sheet**
- 2. Requirements page**
- 3. Agency History and Purpose (1 page)**
- 4. Program Description (1 page)**
- 5. Services Provided (no more than 2 pages)**
- 6. Clients Served (1 page)**
- 7. Community Needs and Responses (2 pages)**
- 8. Staff (1 page-see attached)**
- 9. Volunteers (1 page-see attached)**
- 10. Program Goals (1 page-see attached)**
- 11. Specific Funding Request/Budget Worksheets (See attached)**

ORDER OF ATTACHMENTS:

- A. Three (3) letters of support for the program for which funding is sought. Letters must be dated within six months of application date.
- B. Copy of networking agreement or memo of intent to create one.
- C. Job descriptions for positions for which funding is requested. **DO NOT INCLUDE RESUMES.**
- D. List of current Governing Board for not-for-profits and governmental entities.
- E. Copy of any fee schedule used by the program and agency.
- F. Not-for-profits must submit 1 copy only of most recently completed audit; or a financial statement for agencies with budgets under \$4,000.00 or in operation less than a year.

APPLICATION DUE DATE

FEBRUARY 27, 2004

**OFFICE OF THE ILLINOIS ATTORNEY GENERAL
VIOLENT CRIME VICTIMS ASSISTANCE PROGRAM
FY 2005 GRANT APPLICATION**

NARRATIVE INSTRUCTIONS:

- A. AGENCY HISTORY AND PURPOSE:** Summarize your agency's history and mission statement including the specific mission of program for which funding is sought. **Page limit-1**
- B. PROGRAM DESCRIPTION:** Provide a detailed description of the victim/witness program for which funding is sought. Be sure to indicate your geographic service area and any programmatic service limitations/restrictions. Indicate whether or not your agency has been evaluated by any outside entity. If so, please include a brief description of the evaluation and the name of the evaluator. If available, include results of any needs assessment surveys conducted to support development or expansion of the program for which funding is requested. **Page limit-1**
- C. SERVICES PROVIDED:** In the format shown, list and number the direct services provided by the program for which funding is sought. If the program is not yet operational, please use projected services and numbers. **Page limit- 2**

Example:	Service Provided	# of individual clients using this service per month	# of times this service is provided per month
1.	Court Advocacy	25	38

- D. CLIENTS SERVED:** Define your victim service population. Indicate any specific services provided to underserved populations. Specify whether services are provided to witnesses and/or significant others and describe services provided to these groups. Explain age, income or geographic limitations for clients served. **Page limit-1**
- E. COMMUNITY NEEDS AND RESPONSES:** Describe the community's support and involvement with your program. Describe existing work relationships with other service providers within the community. List any memberships in inter-agency organizations/coalitions. Indicate participation in any record/data exchange systems. List the agencies with whom you have current written Networking Agreements, Memorandums of Understanding and/or Interagency Agreements. New or developing programs should describe their Memorandum of Intent for proposed network of working relationships, including target dates for implementation. **Page Limit- 2**
- F. STAFF:** Complete the attached page.
- G. VOLUNTEERS:** Complete the attached page.
- H. PROGRAM GOALS:** Complete the attached chart.
- I. SPECIFIC FUNDING REQUEST/BUDGET WORKSHEETS:** Complete attached worksheets. Budget must reflect how grant funds will be used to accomplish the goals and objectives of the proposal. The proposed budget should include each item for which funding is requested. All sections of the worksheet must be completed. Budget totals must match amount requested.

STAFF:

**OFFICE OF THE ILLINOIS ATTORNEY GENERAL
VIOLENT CRIME VICTIMS ASSISTANCE PROGRAM
FY 2005 GRANT APPLICATION**

- A. Total number of **Program** Staff: _____
- B. Number of paid employees: Full-time _____
Part-time _____
- C. List all program staff by title. Underline positions for which funding is sought.
- D. Describe training provided to program staff.

**OFFICE OF THE ILLINOIS ATTORNEY GENERAL
VIOLENT CRIME VICTIMS ASSISTANCE PROGRAM
FY 2005 GRANT APPLICATION**

VOLUNTEERS:

- A. Total number of **Program** Volunteers: _____
- Full-time _____
- Part-time _____
- B. State the approximate number of service hours performed by program volunteers per month.
- C. List the job functions performed by volunteers participating in the program's operation.
- D. Describe the type of training provided to volunteers who work directly with clients.

PROGRAM GOALS:

**OFFICE OF THE ILLINOIS ATTORNEY GENERAL
VIOLENT CRIME VICTIMS ASSISTANCE PROGRAM
FY 2005 GRANT APPLICATION**

Using the chart below, list three (3) program goals for the year in which funding is sought, the objectives for each goal, and the activities to accomplish the objective.

GOAL	OBJECTIVE	ACTIVITIES

SPECIFIC FUNDING REQUEST/BUDGET WORKSHEETS

INSTRUCTIONS

THE FOLLOWING BUDGET PAGES ARE TO BE COMPLETED IN THEIR ENTIRETY.

**OFFICE OF THE ILLINOIS ATTORNEY GENERAL
VIOLENT CRIME VICTIMS ASSISTANCE PROGRAM
FY 2005 GRANT APPLICATION**

- A. Funds requested are to be specified by budget category. Be specific in itemizing funding requests and indicate any inter-related expenses. For example: If postage will be used to mail a newsletter and it was printed with grant funds, it would be appropriate to state this under the **Postage Section** and to cross reference with the **Printing Section**.
- B. When completing the budget pages, **indicate the requested grant funded expenses ONLY, NOT THE AGENCY'S CONTRIBUTION.**
- C. When preparing the **Personnel Section**, please review the following:
- Salaries:** List every position for which funding is requested by title, including: annual salary (grant funds & agency funds), hours worked per week, whether this is a new or existing position and the amount of funds requested per employee.
- Benefits:** An itemization of requested benefits per employee is required in this section.
- Contractual Employment:** List every position for which funding is requested by title. Please include the position's function, hourly wage and the number of hours the employee will be contracted for.
- Professional Insurance:** Please indicate the type of insurance and which position will be covered by the insurance.
- D. When preparing the **Statement of Program's Operating Expenses** section, the **Total Proposed Operating Budget** column should include the amount of funding requested.

STATEMENT OF PROGRAM INCOME

STATEMENT OF PROGRAM INCOME	FY 2004 INCOME	FY 2005 INCOME
Funds Received From:	AMOUNT RECEIVED	AMOUNT REQUESTED
State/Federal Government		
Attorney General's Office		
Private Foundations/Corporate Contributions		
Local Support		
Contributions		
Fundraisers		
United Way		
Revenue Sharing		
Township/County		
TOTAL Program Income		

PROPOSED ILLINOIS VIOLENT CRIME VICTIMS ASSISTANCE PROGRAM BUDGET

PERSONNEL					
				Current VCVA Budget	Requested VCVA Budget
a) SALARIES:					
Title	Total Annual Salary	Hours per Week	New or Existing		
1					
2					
3					
4					
REQUEST FOR SALARIES					
b) BENEFITS:					
Itemize each employee benefit and total amount allocated per employee.					
	#1	#2	#3	#4	
FICA					
UNEMPLOYMENT					
HEALTH INSURANCE					
OTHER					
Subtotal per employee					
REQUEST FOR BENEFITS					

PROPOSED ILLINOIS VIOLENT CRIME VICTIMS ASSISTANCE PROGRAM BUDGET

PERSONNEL (CONT.)				Current VCVA Budget	Requested VCVA Budget
c) CONTRACTUAL EMPLOYMENT:					
Title	Function	Hourly Wage	Hours per Week		
1					
2					
3					
4					
REQUEST FOR CONTRACTUAL EMPLOYMENT					
d) PROFESSIONAL INSURANCE:					
Position	Type of Insurance		Amount		
1					
2					
3					
4					
REQUEST FOR PROFESSIONAL INSURANCE					
TOTAL PERSONNEL				\$	\$

PROPOSED ILLINOIS VIOLENT CRIME VICTIMS ASSISTANCE PROGRAM BUDGET

OPERATING EXPENSES		
<p>Detail any requested expenditures in the categories listed below. Example: Postage, \$10/month x 12, \$120. List expenses separately and justify any expenditures over \$150.</p>		
	Current VCVA Budget	Requested VCVA Budget
a) CONTRACTUAL SERVICES		
1 _____		
2 _____		
3 _____		
4 _____		
b) OCCUPANCY		
c) POSTAGE		
d) COPIES/DUPLICATING		
e) PROGRAM ADVERTISING		

PROPOSED ILLINOIS VIOLENT CRIME VICTIMS ASSISTANCE PROGRAM BUDGET

OPERATING EXPENSES (CONT.)		
	Current VCVA Budget	Requested VCVA Budget
f) EQUIPMENT RENTAL/LEASE Specify agreement		
g) OTHER Must be specified		
TOTAL OPERATING EXPENSES \$	\$	\$
SUPPLIES		
a) OFFICE		
b) PROGRAM		
TOTAL SUPPLIES \$	\$	\$

PROPOSED ILLINOIS VIOLENT CRIME VICTIMS ASSISTANCE PROGRAM BUDGET

TRAVEL		
	Current VCVA Budget	Requested VCVA Budget
a) STAFF TRAVEL		
b) CLIENT TRAVEL		
TOTAL TRAVEL \$	\$	\$
PRINTING		
List materials to be printed by title and specify number of copies to be printed; including, the approximate dates for completion. A written estimate from the typesetter and printer must be attached.		
a) BROCHURES/PAMPHLETS		
b) NEWSLETTERS		
TOTAL PRINTING \$	\$	\$

PROPOSED ILLINOIS VIOLENT CRIME VICTIMS ASSISTANCE PROGRAM BUDGET

TRAINING	
	Current VCVA Budget
	Requested VCVA Budget
Detail expenditures in the categories listed below.	
a) CONFERENCE REGISTRATION	
b) IN-SERVICE COSTS	
c) SUPPLIES	
d) TRAVEL	
TOTAL TRAINING \$	\$
Describe the anticipated results of proposed training, including those staff members involved.	

PROPOSED ILLINOIS VIOLENT CRIME VICTIMS ASSISTANCE PROGRAM BUDGET

TELECOMMUNICATIONS		
Detail expenditures in the categories listed below.		
	Current VCVA Budget	Requested VCVA Budget
a) TELEPHONE SERVICE		
b) PAGER SYSTEM - RENTAL/LEASE/PURCHASE (Please indicate the type of transaction.)		
TOTAL TELECOMMUNICATIONS	\$	\$
TOTAL PROPOSED 12 MONTH BUDGET	\$	\$

STATEMENT OF PROGRAM'S OPERATING EXPENSES

	FY 2004	FY 2005	FY 2004	FY 2005
	Current Operating Budget	** Total Proposed Operating Budget	Current VCVA Budget	Requested VCVA Budget
PERSONNEL				
Salaries				
Benefits				
Contractual Employment				
Professional Insurance				
TOTAL PERSONNEL EXPENSES				
OPERATING EXPENSES				
Contractual Services				
Occupancy				
Postage				
Copies/Duplicating				
Program Advertising				
Equipment Rental/Lease				
Other:				
TOTAL OPERATING EXPENSES				
SUPPLIES				
Office				
Program				
TOTAL SUPPLIES				

STATEMENT OF PROGRAM'S OPERATING EXPENSES

	FY 2004	FY 2005	FY 2004	Fy2005
	Current Operating Budget	** Total Proposed Operating Budget	Current VCVA Budget	Requested VCVA Budget
TRAVEL				
Staff Travel				
Client Travel				
TOTAL TRAVEL				
PRINTING				
Brochures/Pamphlets				
Newsletters				
TOTAL PRINTING				
TRAINING				
Conference Registrations				
In-Service Costs				
Supplies				
Travel				
TOTAL TRAINING				
TELECOMMUNICATIONS				
Telephone Service				
Pager				
TOTAL TELECOMMUNICATIONS				
TOTAL PROGRAM OPERATING BUDGET	\$	\$	\$	\$

** The proposed operating budget should include requested VCVA funding.